MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

4	CERTIFICATE OF DEATH			20955	
1. PLACE OF BEATH	Registration District No	135	File No		
Township Walkanda		No. 5193	Begistered No		
Gity		— · / ·	St.	Ward)	
2. FULL NAME Q. J. D.U.	senberre	<u>-</u> {			
(a) Residence. No	St.,		nonresident give city	or town and State)	
Length of residence in city or town where death occurred	yrs. mos.	ds. How long in U.S., if		yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTIC	ULARS Z	- MEDICAL CE	RTIFICATE OF D	EATH	
	(B) B) the wells	DATE OF DEATH (MONTH, DA	Y AND YEAR) 7	//3/ 192	
<u> </u>	17.) I HEREBY CERTI	FY. That I attended	deceased from	
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF		rely 13 19	23.6 171	19.7	
(or) WIFE of	117	inst can h		The same	
5. DATE OF BIRTH (MONTH, DAY AND YEAR) /85%	Sont Know death	occurred, on the date stated about THE CAUSE OF DEATH*			
7. AGE YEARS MONTHS DAYS	If LESS then 1	INE CAUSE OF DEATH	A S FOLLOWS:	Lance II la	
1) A 1 Hours	day,hrs.	Line A.M.	on the said		
bout 60t don't 19	7 13 5	The rugar from	The state of the s	fring roj	
B. OCCUPATION OF DECEASED (a) Trade, profession, or	616	us read /	un 15 - 25.	sattang of	
particular kind of work	V-21211/1	ox produ	The (section) Miss	ane and	
(b) General nature of industry, business, or establishment in		TRIBUTORY	7 (de	
which employed (or employer)		I give while	a wasto	a malon	
(c) Name of employer	18. Y	Maiere Was DISEASE CONTRACTED	as the for	in co-	
9. BIRTHPLACE (CITY OR TOWN)		IF NOT AT PLACE OF DEATHT	Couper	way Ca	
(STATE OR COUNTRY)	eun 1	DID AN OPERATION PRECEDE DEAT	34.	7,00	
10. NAME OF FATHER) (M KM 4)	ا معاسا	1	HILLER DATE OF	·····	
7. 0		Was there an autopsy1	-	······································	
11. BIRTHPLACE OF FATHER (CITY OR TOWN)	Chewn	NHAT TEST CONFIRMED DIAGNOSIS			
	7/	(Sidned)	LI COUNT	A T	
	noun 1/14	Address)	14110	ricen 1	
13. BIRTHPLACE OF MOTHER (CITY OR JOWN)		*State the Disease Causing : Means and Nature of Inju			
(STATE OR COUNTRY)		ICIDAL. (See reverse side for add			
INFORMANT R.O Harris	19. /	PLACE OF BURIAL, CREMAT	ION, OR REMOVAL	DATE OF BURIAL	
(Address) Carnelly	ong s	Gals His	28	7 / 16/ 19	
" - 7/11/ - 2 M. 88	JOS 10 1 20. 1	JNDERTAKER		ADDRESS	
FILES. 4. 19.	REGISTRAR	11.00 in Pa.	~~~c	Linning	
	I C	ville (3	, o s .	1 1100~	

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); Measles; Whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions. such as "Astheria," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.). "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia." "PUERPERAL peritonitis." etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS State MEANS OF INJURY and qualify as Accidental, Suicidal, or Homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide; Poisoned by carbolic acid-tprobably suicide The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, telanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing thom. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrone, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, pyemia, septicomia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.